

Campaign Finance Section Certification of Intention Municipal Candidates Only (Except City of Wilmington)

Title 15, Section 7555 of the Delaware Code: Candidate for Municipal Election

A candidate for municipal office (except City of Wilmington) shall file a Certificate of Intention or a Statement of Organization establishing a campaign committee with the Commissioner of Elections no later than seven (7) days after declaring his candidacy. A Certificate of Intention is submitted by a candidate when the yearly salary for the office for which he has filed a Declaration of Candidacy is less than \$1,000 or who does not intend to receive more than \$2,000 in contributions or expend more than \$2000 for campaign expenses during the campaign pursuant to § 7555 Title 15 of the Delaware Code.

If the campaign subsequently receives or expends more than \$2,000 (including any contributions or expenditures by the Candidate), the candidate must notify the Office of the State Election Commissioner within seven days of the receipt or expenditure which brings the total to more than \$2,000. The Candidate must then form a Committee and file all required reports with the Campaign Finance Section of the Office of the State Election Commissioner.

STATEMENT			
With this Certification of Intention, I,	TYPE OR PRINT CANDIDATE'S FULL LEGAL NAME		
as a candidate for the office of	NAME OF OFFICE		
for NAME OF TOWN, OR MUNICIPALITY	, hereby certify under penalty of perjury,		
that I do not intend to receive or expend more that \$2000 an mandated in Title 15, Section 7555 of the Delaware Code as information I provide herein is true and complete.			
CANDIDATE SIGNATURE	DATE		
ADDRESS	PHONE NUMBER		

Campaign Finance Section

Certification of Intention-Mun (01/07)



CANDIDATE FILING FORM AND NOMINEES CERTIFICATION OF ELIGIBILITY TO SERVE ON THE TOWN COUNCIL OF FENWICK ISLAND, DELAWARE

Fill out statement (1) $\underline{\text{or}}$ (2) below, whichever is applicable to you.

(1)	RESIDENT:	
	I,	(NAME),
of		(ADDRESS),
a nom	inee for election to the Town	Council of Fenwick Island, hereby state that I am a
natura Delaw	are, since (D	ed States, a resident of the Town of Fenwick Island, ATE), and am or will be twenty-one (21) years of age
on or l	before the date of the election	i, I have no other voting residency for municipal
electio	ons and that I have been quali	fied to vote in the Town of Fenwick Island, Delaware
	least one year prior to the ele ursuant to Town regulations	ction for which I am nominated. I am registered to
vote p	distant to Town regulations	
(2)	I,	(NAME),
Of		(ADDRESS),
a nom	inee for election to the Town	Council of Fenwick Island, hereby state that I am a
		ted States, a property owner in the Town of Fenwick
		e twenty-one (21) years of age on or before the date of
		ualified to vote in the Town of Fenwick Island,
		to the election for which I am nominated. I am a
		e town of Fenwick Island, Delaware, as shown on
		and Lot #(s) in the latest Sussex County
Assess	sment Office. I am registered	d to vote pursuant to Town regulations.

Signed and certified on this the	day of	, 20
	(Signa	ture of nominee)
State of		
County of		
Be it remembered, that on the day and personally appeared before me, a Not acknowledged that the above signature	tary Public of the afore	esaid State and County, and
		(seal)
	(Notar	y Public)
My Commission expires		



Campaign Finance Section Statement of Organization Municipal Candidates (non Wilmington)

In order to register with the Campaign Finance Section of the Office of the State Election Commissioner, you must complete a Statement of Organization. If any information for your organization changes, you must complete an amended Statement of Organization and submit it to the Campaign Finance Section.

□ NEW	☐ AMENDED	DATE OF ORIGINATION:				
ORGANI	ZATIONAL DATA	A				
Full Organiz	zation Name:					
Other name	(s):					
	accessor committee, eceding committee:					
Physical Ac	ldress:		СПУ	STATE	ZIP	
N. 112 - A 1	1					
Mailing Ad	dress:		СПУ	STATE	ZIP	
Contact Info	ormation:					
	OFFICE	PHONE	FA	X NUMBER		
EMAH	ANDRECE		W	EB ADDRESS		

Statement of Purpose: If this is a subcommittee, please list the main organization name and account number; ACCOUNT NUMBER NAME Please list the names and account numbers of all subcommittees associated with your organization: ACCOUNT NUMBER NAME ACCOUNT NUMBER NAME ACCOUNT NUMBER NAME CANDIDATE DATA Full Legal Name of Candidate: Other name(s): County of Residence: Date of Birth: Physical Home Address: STATE ZIP STREET Mailing Address: STATE ZIP СПҮ

ORGANIZATIONAL DATA (Continued)

CANDIDATE DATA (Continued)

WORK PHONE		HOME PHONE		
CELL PHONE			FAX NUMBER	
CELETIONE				
EMAIL ADDRESS			WEB ADDRESS	
Office Sought:				
OFFICER DATA				
Name of Treasurer:				
Physical Home Address:				
1 Hy Steat Home Paddress.	STREET	СПҮ	STATE	ZIP
Mailing Address:				
	STREET	СПҮ	STATE	ZIP
Contact Information				
Contact Information:	WORK PHONE		HOME PHONE	
	WORK PHONE		110111111111111111111111111111111111111	
CELL PHONE			FAX NUMBER	Per
EMAIL ADDRESS			WEB ADDRESS	
Name of Alternate Contact				
Name of Alternate Contact:				
Physical Home Address:			07177	270
	STREET	CITY	STATE	ZIP

ALTERNATE CONTACT(Continued)

Mailing Address:				
STREET		CITY	STATE	ZIP
Contact Information:				
WORK PHONE		HON	ME PHONE	
CELLPHONE			FAX NUMBE	ER.
EMAIL ADDRESS		WEB ADDRESS		
		_		
I authorize that all information included in this State	tement of Organization	is accurate	and correct	. I agree to
abide by all rules and regulations regarding Campa	nign Finance and the ele	ection proc	ess in the Sta	ate of
Delaware. I understand that the Office of the State	Election Commissione	r will perfo	orm periodic	audits of all
information provided by the candidate and treasure	er listed on this report a	s well as of	ther officers	of my
organization. I understand that all advertising signs	s must comply with the	Delaware .	DOI Sign L	aw.
TREASURER SIGNATURE			DATE	
CANDIDATE SIGNATURE			DATE	